

**Maine Department Of Environmental Protection  
Bureau Of Remediation and Waste Management  
Division Of Oil & Hazardous Waste Facilities Regulation  
17 State House Station  
Augusta, Maine 04333-0017  
Telephone: (207) 287-2651**

\_\_\_\_\_  
**Application Number**

**APPLICATION FOR BIOMEDICAL WASTE TRANSPORTER LICENSE**

Your application package contains a carbonless application with 3 copies. Please use a typewriter or print clearly using a ball point pen. Forward the original to the Maine Department of Environmental Protection, one copy to the Municipal office of the City or Town where the business is located (if more than one location, make copies of the application and forward to each municipal office) and retain one copy for your records. Applications improperly prepared may be returned to the applicant unprocessed.

**SECTION 1. Application Information**

1(a) \_\_\_\_\_ 1(b) \_\_\_\_\_  
Name of Business IRS Tax Identification # Mailing Address (Street and Number)  
\_\_\_\_\_  
City/Town County State Zip Code ( )  
Telephone Number

1(c) Location of the Business (if different from above address) \_\_\_\_\_  
Street & Number City/Town  
\_\_\_\_\_  
County State Zip Code ( )  
Telephone Number

1(d) If the business is being operated from several locations, please attach a sheet of plain bond paper, size 8 1/2" x 11", on which is listed the entire address of each business location including Street & Number, City/Town, County, State, Zip Code and Telephone Number.

1(e) If the applicant has received a hazardous waste and/or biomedical/infectious waste transporter identification number from the United States Environmental Protection Agency (EPA), please list that number.

\_\_\_\_\_  
EPA Identification Number

1(f) Key Contact Person in Event of Emergency \_\_\_\_\_ ( )-  
Name Emergency Telephone Number  
\_\_\_\_\_  
Address

## SECTION 2. Biomedical Waste Information

In the columns listed below, please enter information concerning biomedical waste transported by type, types of medical facilities served, and destination of wastes.

| <u>2(a) Types of Biomedical Wastes Transported</u> | <u>2(b) Types of Medical Facilities Served</u> | <u>2(c) Destinations</u> |
|--|--|--------------------------|
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |

## SECTION 3. Conveyance Operator Information

In the columns below, please list the operator(s) of your company's conveyances that you are applying to license.

| <u>3(a) Operator's Name</u> | <u>3(b) Maine or Other State Operator's License Number(s)</u> | <u>3(c) Type of Operator License(s) Held (e.g. Class I)</u> |
|-----------------------------|---|---|
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |

3(d) Submit a copy of the past three (3) years' driving record for each of the operators listed on the application. This must be an official record or an attested copy of motor vehicle violations issued by the State Motor Vehicle Department where each operator is licensed.

#### SECTION 4. Conveyance Information

"Conveyance" means any vehicle used for transportation of biomedical waste on land, water or in the air. For the requirements that a license be obtained, the term includes only the cargo carrying portion of a conveyance. (FOR EXAMPLE: IN THE CASE OF A TRACTOR/TRAILER COMBINATION, ONLY THE TRAILER IS REQUIRED TO BE LICENSED.)

Listed below are columns (a) through (i) which provide detailed information on each conveyance to be used to transport biomedical waste.

|         | <u>4(a) Year</u> | <u>4(b) Make</u> | <u>4(c) Type<br/>(e.g., trailer)</u> | <u>4(d) Serial No.</u> | <u>4(e) Registration<br/>Number</u> | <u>4(f) Capacity<br/>(volume)</u> | <u>4(g) Type Biomedical<br/>Waste Transported</u> |
|---------|------------------|------------------|--------------------------------------|------------------------|-------------------------------------|-----------------------------------|---|
| Conv. 1 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 2 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 3 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 4 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 5 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 6 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 7 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |

|         | <u>4(h) Address Where the Conveyance is Stored</u> | <u>4(i) Is This Conveyance a Motorized Vehicle or<br/>Strictly a Carrying Conveyance? (e.g. Trailer)</u> |
|---------|--|--|
| Conv. 1 | _____  | _____  |
| Conv. 2 | _____  | _____  |
| Conv. 3 | _____  | _____  |
| Conv. 4 | _____  | _____  |
| Conv. 5 | _____  | _____  |
| Conv. 6 | _____  | _____  |
| Conv. 7 | _____  | _____  |

SECTION 5. Evidence of Liability Insurance Coverage (Applicants must submit a copy of their current insurance certificate covering their biomedical waste transportation operations). In no event shall the limit of liability be less than \$1,000,000 per occurrence. Liability insurance coverage amounts must be exclusive of legal defense costs.

NOTE: Updated certificates must be submitted whenever a renewal application is filed, when the insurance coverage is renewed, or an amended insurance certificate is issued.

SECTION 6. Applicant's History of Compliance with Environmental Laws (pertaining to biomedical or infectious waste, hazardous waste and waste oil).

| Environmental Permits Held<br>(except for transporter operator and conveyance permits) | Expiration Date | State of Issuance | Enforcement Action (if yes, please<br>attach a copy of the action) |
|--|-----------------|-------------------|--|
|  |                 |                   |  |
|  |                 |                   |  |
|  |                 |                   |  |

| Environmental Permits Revoked or Suspended | Reason for Revocation or Suspension |
|--|-------------------------------------|
|  |                                     |
|  |                                     |

| Environmental Permit Enforcement Action<br>(if not already covered above) | Enforcement Action Taken |
|---|--------------------------|
|   |                          |
|   |                          |

SECTION 7. Operational History

A. Safety History

Please describe in writing all incidents of biomedical waste, waste oil, hazardous waste or hazardous material releases to the environment or accidents involving biomedical waste, waste oil, hazardous waste or hazardous material that your business, operators, or conveyances have been involved in within the last 5 years. Please include dates and locations.

B. Training Program

Please describe below the training program in operation at your business for the safe handling and transportation of biomedical waste. Include the specific training that the operators listed in Section 3 have received regarding the safe handling and transportation of biomedical waste (attach additional sheets as necessary).

---

---

---

---

C. Spill Prevention, Control and Countermeasure Plan (SPCC) for Biomedical Waste

Does your company have an SPCC Plan? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please attach a copy to this application.

SECTION 8. Attach applicable license fee (make check or money order payable to: Hazardous Waste Fund - Biomedical Waste Transporter Account)

Fee Schedule is as follows:

\$100 for a basic license which covers one conveyance, one operator, and one business location.  
Each additional license not covered by the basic license costs:

|                     |              |
|---------------------|--------------|
| conveyance license: | \$50.00 each |
| operator license:   | \$50.00 each |
| location license:   | \$50.00 each |

8(a) Amount Submitted \$\_\_\_\_\_ 8(b) Check or Money Order Number \_\_\_\_\_

## SECTION 9. Certification

I, the undersigned, hereby certify that all information contained in this license application is true. I also certify that I and all conveyance operators in my employment are familiar with and will comply with and complete all standard and special conditions attached to this license including those contained in Chapter 900, Section 13 (E) of the Department's Rules.

(NOTE: There are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of any license application. Applicants are reminded to submit all changes to license application data as they occur in order for their license to remain valid.)

---

Signature

---

Typed Name of Applicant/Title

---

Address (Street & Number)

---

City or Town

---

State

---

Zip Code

---

Telephone Number